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FORM D



02064252

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | | | | | |
|--------------------------|--------------------------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | | | |
| Expires: | May 31, 2005 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per respoi | hours per response 16.00 | | | | | | | |

| SEC USE ONLY | | | | | | |
|--------------|----------|--|--|--|--|--|
| Prefix | Serial | | | | | |
| | | | | | | |
| DATE | RECEIVED | | | | | |
| 1 | 1 | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) MAXWELL MXIM CAPITAL STOCK FUND | |
|--|--------------|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment | |
| A. BASIC IDENTIFICATION DATA 2000 | |
| 1. Enter the information requested about the issuer | 7/ |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) MAXWELL MXIM CAPITAL STOCK FUND, L.P. | |
| Address of Executive Offices 807 East Pacific Drive, Suite C, American Fork UT8403 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) (Number and Street, City, State, Zip Code) Telephone Number (Including the Code) Telephone Number (Including the Code) Telephone Number (Including the Code) Same | 30 |
| private 3(c)(1) investment company I hadge find | |
| Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed | PROCESSED |
| Month Year Actual or Estimated Date of Incorporation or Organization: OZ OZ Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | NOV 1 2 2002 |
| GENERAL INSTRUCTIONS | FINANCIAL |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the Ú.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

— ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| A. BASIC IDENTIFICATION DATA | |
|--|-------------------------------------|
| 2. Enter the information requested for the following: | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class | of equity securities of the issuer. |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partners. | ship issuers; and |
| Each general and managing partner of partnership issuers. | • |
| | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| MAXWELL, GARY JAMES | |
| Business or Residence Address (Number and Street, City, State, Zip Code) 807 East Pacific Drive Suite C American Fork | Uteh 84003 |
| Full Name (Last name first, if individual) MAXWELL, GARY JAMES Business or Residence Address (Number and Street, City, State, Zip Code) 807 East Pacific Drive, Suite C American Fork Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street City State 7 in Code) | |
| BOT Rest Pacific Drive Suite C American Fork | Utah 84003 |
| MAXWELL INVESTMENTS, LLC Business or Residence Address (Number and Street, City, State, Zip Code) BOF East Pacific Drive, Suite C, American Fork, Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | |
| (Marios and Street, City, State, Zip Code) | |
| (Use blank sheet, or copy and use additional copies of this sheet, as necessary) | |

| L | <u> </u> | <u></u> | | | | <u>. i </u> | | | | | mug sites | Yes | No | |
|---------------|---------------------------------------|--|---|--|---|---|--|--|---|----------------------------|------------------------------|----------------------|----------------------|--|
| 1. | Has the | issuer sold | , or does th | | | | | | | _ | ••••• | | \mathbf{Z}' | |
| 2. | Whatis | the minim | um investm | | | Appendix, | | | | | | \$ 5,000 Share | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | Yes | No | |
| | | | permit joint | | | | | | | | | | | |
| , | commiss If a pers or states | sion or sim on to be lis , list the na | ion request ilar remuner ted is an ass me of the bay you may se | ration for s ociated per roker or de | olicitation rson or age aler. If mo | of purchase int of a brok ore than five | ers in connoter or deale e (5) person | ection with r registered ns to be list | sales of sec I with the S ed are asso | curities in t EC and/or | he offering. with a state | | | |
| Full | Name (I | Last name | first, if indi | vidual) | | | | | N/A | | | | | |
| Busi | ness or l | Residence | Address (N | umber and | Street, Ci | ity, State, Z | (ip Code) | | NIA | | | | | |
| - | C 4 | | 1 5 | | | - | | | | | | | | |
| Nam | e of Ass | sociated Br | oker or Dea | aler | | | | | | | | | | |
| State | s in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | | |
| | (Check | "All States | or check | individual | States) | | | | | | | ☐ AI | l States | |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | MS OR WY | MO PA PR | |
| Full | Name (1 | Last name | first, if indi | vidual) | | | | | | | | | | |
| Busi | ness or | Residence | Address (N | Number an | d Street, C | City, State, 1 | Zip Code) | | | | | | | |
| Nam | ie of Ass | sociated Bi | oker or De | aler | | | | | | | | | | |
| State | es in Wh | nich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | | |
| | (Check | "All States | s" or check | individual | States) | | | | | | | ☐ Al | ll States | |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR | |
| Full | Name (| Last name | first, if ind | ividual) | | | | | | | | | | |
| Busi | iness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Nam | ne of As | sociated B | roker or De | aler | ************************************** | | | | | | | | | |
| State | es in Wh | nich Persor | Listed Ha | s Solicited | or Intends | s to Solicit | Purchasers | 3 | | | | | | |
| | (Check | "All State: | s" or check | individual | States) | | | *************************************** | | | | ☐ A1 | ll States | |
| | AL IL MT | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt\$ | | \$ |
| | Equity\$ | | |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | | \$ |
| | Partnership Interests (UNITS) | 2,000,000 | \$ 20,000. (UNIT |
| | Other (Specify)\$ | • | |
| | Total | | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$20,000 (shar |
| | Non-accredited Investors | O | \$ <u> </u> |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | N |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | <u>-</u> | • |
| | Legal Fees | | \$ |
| | Accounting Fees | _ | |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | - |] \$ |
| | Other Expenses (identify) | |] \$ |
| | Total | | \$ 0 |

| proceeds to the issuer." | se to Part C — Question 4.a. This difference is the "adjuste | | \$ 2,000,000 She |
|--|---|--|-----------------------|
| each of the purposes shown. If the check the box to the left of the estima | usted gross proceed to the issuer used or proposed to be u amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the adjusted sponse to Part C — Question 4.b above. | ate and | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| Salaries and fees | | \$ | \$ |
| Purchase of real estate | | \$ | \$ |
| Purchase, rental or leasing and instant and equipment | allation of machinery | \$ | _ |
| | ildings and facilities | · | |
| offering that may be used in exchar | cluding the value of securities involved in this age for the assets or securities of another | □\$ | □\$ |
| | | _ | _ |
| Working capital | | \$ | _ \$ |
| Other (specify): Shares ex | changed for to be used to far partnership | \$ | <u>\$ 2,000,000</u> S |
| JENEIER INTOME | ter parthership | | _ 🗆 \$ |
| Column Totals | | | □\$ |
| | als added) | | |
| | | | |
| | D. FEDERAL SIGNATURE | | |
| gnature constitutes an undertaking by t | be signed by the undersigned duly authorized person. If the the issuer to furnish to the U.S. Securities and Exchange to any non-accredited investor pursuant to paragraph (b | Commission, upon writt | |
| ssuer (Print or Type) | Signature | Date | |
| AXWELL MXIM CAPITAL STO | CK FUND, L.P. Thy fill Mill | 24 0050 | BER 2002 |
| ame of Signer (Print or Type) | Title of Signer (Print or Type) | | 1 |
| 101 MAY (1611 | Paircial Margall | westments L | LC its penes |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | | E. STATE SIGNATURE | | |
|--|---|---|---------|-----|
| Is any party described in I provisions of such rule? | • | ntly subject to any of the disqualification | Yes | No. |
| | | | | |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|--------------------------------|--------------------|-------------------------------|
| MAXWELL MXIM CAPITAL STOCK FUN | By My fAMM | 24 06903812 2002 |
| Name (Print or Type) | Title Fint or Type | |
| GARY J. MAXWELL | Principal, Maxwell | Investments, LLC, its general |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| APPENDIX | | |
|----------|-----------------|------------------|
| | 4 | 5 |
| | • | Disqualification |
| | | under State ULOE |
| | | (if yes, attach |
| Туре с | of investor and | explanation of |
| | 1 11 01 1 | 7 |

| | to non-a investor | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of amount pui (Part | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
|-------|----------------------|--|--|-------------------------|--------------------------------|--|---|-----|-----|
| State | Yes | No | 1 inited partnoshing 2,000,000 shores (exchange) | Number of Accredited | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | × | (exchange) | | 711104111 | Anvestors | | 1 | × |
| AK | | × | Al. | | | | | | |
| AZ | | X | | | | | | | * |
| AR | | | <u> </u> | | | | | | × |
| CA | | X | 11 | 2 | 0 0 | ^ | | | × |
| CO | | X | | | 20,000 Shares | 0 | 0 | | |
| CT | | × | 11 | | | | | | × × |
| DE | | × | 11 | | | | | | × - |
| DC | | × | 11 | | | | | | |
| FL | | | 11 | | | | | | × × |
| GA | | × | ii | | | | | | × |
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| ID | | X | 11 | | | | | | * |
| IL | <u> </u> | × | 1, | | | | | | × / |
| IN | | × | ,1 | | | • | | | × |
| IA | | × | 11 | | | | | | × |
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| KY | | × | 11 | | | | | | × |
| LA | | X | 11 | | | | | | Х |
| ME | | × | H | | | | | | × |
| MD | | X | 11 | | | | | | * |
| MA | | × | 13 | - | | | | | × |
| MI | | × | 11 | | | | | | * |
| MN | | × | 11 | | | | | | У |
| MS | | × | 11 | | | | | | У |

APPENDIX

|] | 2 Intend to sell | | 3 Type of security | | | 4 | | under Sta | ification ate ULOE | |
|-------|------------------|-------------------------------------|--|--------------------------------------|--|--|--------|-----------|---|--|
| | to non-a | ccredited s in State -Item 1) | and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | limited partnoship 2,000,000 shares (exchange) | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| МО | | X | įt | | | | | | Х | |
| MT | | X | 11 | | | | | | × | |
| NE | | X | 1, | | | | | | × | |
| NV | | X | U | | | | | | χ | |
| NH | L | × | 11 | | | | II | | X | |
| NJ | | × | ij | | | | | | × | |
| NM | | X | 11 | | | | | | X | |
| NY | - | × | 11 | | 5 | · | | | X | |
| NC | | × | 11 | | | | | | Х | |
| ND | | × | 11 | | | | | | X | |
| ОН | | * | 11 | | | | | | X | |
| ОК | | Χ | (1 | | | | | | × | |
| OR | | × | 11 | | | | | | Х | |
| PA | | × | 11 | | | | | | X | |
| RI | | × | Ŋ | | | | | | X | |
| SC | | × | 11 | | | | | | Х | |
| SD | | × | 11 | | | | | | × | |
| TN | | × | 11 | | | | | | × | |
| TX | | × | 11 | | | | | | X | |
| UT | | × | 11 | | | | | | Х | |
| VT | | × | 11 | | | | | | Х | |
| VA | | × | [1 | | | | | | × | |
| WA | | × | 11 | | | | | | Х | |
| WV | | × | 11 | | | | | | × | |
| WI | | × | 11 | | | | | | Х | |

| A | P | \mathbf{PE} | N | DΙ | X | |
|---|---|---------------|---|----|---|--|

| 1 | 2 | | 3 | 4 | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|--|----|--|--|--------|--|--------|--|----|
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | | |
| State | Yes | No | limited partnership 2,000,000 Shires (exchange) | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| WY | | X | 11 | | | | | | X |
| PR | | × | 11 | | | | | | Х |